

## STATE OF MICHIGAN

## CERTIFICATION OF VITAL RECORD

## COUNTY OF WASHTEENAW

STATE OF MICHIGAN

D2018-03217  
Pages: 1 of 1 DCTSTATE OF MICHIGAN  
DEPARTMENT OF COMMUNITY HEALTH  
CERTIFICATE OF DEATHSTATE FILE NUMBER  
275584

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64599958 03/04/2018 11:11 AM Total Pages: 1  
Laurence Kestenbaum, Washtenaw Co.

DISCENDENT		STATE OF MICHIGAN		STATE OF MICHIGAN	
		DEPARTMENT OF COMMUNITY HEALTH		CERTIFICATE OF DEATH	
1. DECEDENT'S NAME (First, Middle, Dorothea June Staffeld)		2. DATE OF BIRTH June 26, 1927		3. SEX Female	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS Dorothea June Vermillion		6a. LIA BIRTHDAY (Year) 91		6b. UNDER 1 YEAR MONTHS      DAYS      HOURS      MINUTES	
7a. LOCATION OF DEATH Arbor Hospice		7b. CITY, VILLAGE OR TOWNSHIP OF DEATH Saline		7c. COUNTY OF DEATH Washtenaw	
8a. CURRENT RESIDENCE - STATE Michigan		8b. COUNTY Washtenaw		8c. LOCALITY Chelsea	
8d. STREET AND NUMBER 223 Pierce Lake Drive					
9. ZIP CODE 48118		9. BIRTH PLACE Monett, Missouri		10. SOCIAL SECURITY NUMBER 491-30-3370	
11. DECEDENT'S EDUCATION Associate degree					
12. RACE White		13. ANCESTRY Irish		14. EVER IN THE U.S. ARMED FORCES No      No	
15. USUAL OCCUPATION Intelligence		16. KIND OF BUSINESS OR INDUSTRY Government		17. MARITAL STATUS Widowed	
18. FATHER'S NAME (First, Middle, Last) Ovid Uriah Vermillion		19. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Rose Mae Owens		20. NAME OF SURVIVING SPOUSE	
21a. INFORMANT'S NAME Karl W. Staffeld		21b. RELATIONSHIP TO DECEDENT Son		21c. MAILING ADDRESS 341 Corrie Road, Ann Arbor, Michigan 48105	
22. METHOD OF DISPOSITION Cremation		23a. PLACE OF DISPOSITION Tri-County Cremation Services		23b. LOCATION Ypsilanti, Michigan	
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE Allen C. Cole		25. LICENSE NUMBER 4501006399		26. NAME AND ADDRESS OF FUNERAL FACILITY Cole Funeral Chapel, Inc, 214 E. Middle St., Chelsea, Michigan 48118	
27a. CERTIFIER <input checked="" type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the causes listed above. I declare under penalty of perjury that the information contained herein is true and correct. Thomas A. O'Neil, MD Signature and Title		28a. ACTUAL OR PRESUMED TIME OF DEATH 10:52 AM		28b. PRONOUNCED DEAD November 01, 2018	
		28c. TIME PRONOUNCED DEAD 10:52 AM			
27b. DATE SIGNED November 02, 2018		27c. LICENSE NUMBER 4301092471		29. MEDICAL EXAMINER CONTACTED No	
30. NAME AND ADDRESS OF CERTIFYING PHYSICIAN Thomas A. O'Neil, MD, Arbor Hospice, 440 West Russell Street Suite 100, Saline, Michigan 48176		31. PLACE OF DEATH Hospice Facility		32. MEDICAL EXAMINER'S CASE NUMBER	
33a. REGISTRAR'S SIGNATURE <i>Laurence Kestenbaum</i>		33b. DATE FILED November 02, 2018		33c. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER	
34. PART I ENTER THE CAUSE OF DEATH - Disease, injuries or complications - If directly caused the death. DO NOT enter external events such as falls, drownings, respiratory arrest or vehicles (Indicate in which order they ended. Enter only one cause for each) If death was an immediate underlying cause, indicate the cause(s) of death that preceded it. Enter all causes of death in order of their occurrence. Part I of Part II of the cause of death service as appropriate.		35. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Years			
Cardiovascular Disease					
Chronic Obstructive Pulmonary Disease				Years	
36. PRELIMINARY CAUSE (Final cause resulting in death) Due to other conditions or circumstances that preceded the death. List all causes of death in death. LAST		37. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		38. IF FEMALE <input type="checkbox"/> Not pregnant <input type="checkbox"/> Pregnant < 8 weeks <input type="checkbox"/> Not pregnant, but pregnant at least 8 weeks <input type="checkbox"/> Unknown if pregnant with the new year <input type="checkbox"/> Not pregnant, but pregnant 8 weeks or more before	
39. MANNER OF DEATH Natural		40a. WAS AN AUTOPSY PERFORMED? No		40b. WERE AUTOPSY FUNDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Not Applicable	
41a. DATE OF INJURY		41b. TIME OF INJURY		41c. DESCRIBE HOW INJURY OCCURRED	
41d. INJURY AT		41e. PLACE OF INJURY		41f. IF TRANSPORTATION	
				41g. LOCATION	

Time Submitted for Recording  
Date 3/4/2019 Time 10:51 AM  
Lawrence Kestenbaum  
Washtenaw County Clerk/Register

A922093

I, LAWRENCE KESTENBAUM, CLERK/REGISTER OF SAID COUNTY OF WASHTEENAW DO HEREBY  
CERTIFY that the foregoing is a true and exact copy of the original document of file in my office.

DATED: 11/02/2018

*Laurence Kestenbaum*  
LAWRENCE KESTENBAUM  
WASHTENAW COUNTY CLERK/REGISTER

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

